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FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

Nepal

SUMMARY

The Executive Director presents the country programme strategy note for Nepal for a programme of cooperation for the period 1997 to 2001.

In order to achieve the mid-decade and decade goals, Nepal will require efforts far beyond those currently undertaken. This will require both enhanced financial resources and increased manpower deployment. One mid-decade goal has been reached: ratification of the Convention on the Rights of the Child. The mid-decade goal on access to potable water also may be achieved. Primary enrolment has been level at 60 per cent. However, Nepal has managed to halve infant and under-five mortality rates for the last few years. All of the interventions related to the decade goals also should address the gender disparity that exists.

The proposed country programme strategy will assist the Government in attaining national goals in response to the World Summit For Children Declaration, the national programme of action and the Convention on the Rights of the Child. Protection goals have now been incorporated in the proposed country programme, which will stress various mixes of three major strategies: (a) service delivery; (b) advocacy; and (c) capacity-building. These strategies will be pursued, together with monitoring and evaluation, in ways that should lead to empowerment of the most marginalized. The programme also will address, within the frameworks of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women, the strategic issues of gender disparity reduction, decentralization and resource reallocation, and a focus on children under five years of age.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF CHILDREN AND WOMEN

1. Nepal has managed to halve the infant mortality rate (IMR) and the under-five mortality rate (USMR) during the last 10 years down to 98 and 128 per 1,000 live births, respectively. However, both rates remain unacceptably high, with a majority of child deaths caused by diarrhoeal diseases, acute respiratory infections (ARI) or vaccine-preventable diseases. Nepal is also one of the few countries in the world where the female life expectancy of 52 years is shorter than that of the male, which is 56 years. The country's maternal mortality rate (MMR) is also among the highest in the world at 850 per 100,000 live births. While some progress has been made in increasing access to potable water, over 53 per cent of the population still lack access given the hilly and mountainous terrain. Only 21 per cent of the population know about the importance of sanitation and hygiene. Literacy rates have doubled in the last decade, but still only one woman in five can read and write. Child labour is a growing problem.
2. Poverty pervades the country in which subsistence farming is the mainstay. An estimated 65 per cent of Nepal's children under three years old suffer some degree of malnutrition. Vitamin A deficiency is common and iodine deficiency disorders are prevalent.
3. Gender inequality is pervasive, undermining the pace of social and economic development. The low status of the girl child and her lack of access to resources in the patriarchal society are a far cry from that of her brothers. She usually works harder and longer hours, providing child care as well as domestic and agricultural labour which keeps her out of school, thus limiting her personal, intellectual and social potential. She receives less in terms of health care and food. The low social value accorded girls is a basic cause of the rising problem of trafficking in girls.
4. Public awareness of the Convention on the Rights of the Child and, increasingly, of the Convention on the Elimination of All Forms of Discrimination Against Women, both ratified by Nepal, continues to grow.

LESSONS LEARNED FROM PAST COOPERATION

5. Lessons learned include the need to build (a) upon the increasing public awareness of the two Conventions; (b) strengthen decentralization through the transfer of human and financial resources; (c) improve the identification of beneficiaries to avoid diminishing project impact on the most marginalized; (d) improve the quality, motivation, training and management of government and non-governmental organization (NGO) staff; (e) programme for empowerment and social mobilization; and (f) incorporate gender and child development perspectives, with a focus on the child under five years old, into planning and implementation to generate a breakthrough in child survival. These lessons required UNICEF to clarify its role at national and decentralized levels and to develop a national advocacy and communication strategy. The impact of limited UNICEF resources can be increased significantly by fostering increased multisectoral, multi-agency and NGO collaboration, and by the development of an overall advocacy and communications strategy.
6. While low levels of supplementary funding affected some projects, the greater problem was the inadequate management of funds. The lengthy process of fund transfers caused numerous delays in training, supply procurement and deliveries. Thus, the improvement of accountability will be a benchmark for future cooperation.

7. Improvements in the monitoring and evaluation of programme implementation among United Nations agencies, other donors and NGOs are vital and will play a much greater role in the proposed country programme. The lack of adequate monitoring and evaluation resulted in the late identification of problems and inaccurate baseline data. A good start has been made with the first major results from the Nepal multiple indicator survey, which provides very useful information for planning by all partners. The development of a United Nations country strategy note, most likely in 1996, may also advance the information dialogue among partners.

8. In order to avoid the proliferation or fragmentation of projects, a clearer distinction between activities and projects will be made in the proposed country programme. This will prevent limited resources from being spread too thinly. A major sharpening of overall programme focus has resulted from the realization of the overarching impact of virtually every aspect of child and maternal survival and development on nutrition. Thus, multisectoral action to improve nutrition will be linked not only to health, but to sanitation, education, advocacy and communications as well. Likewise, a growing recognition of the impact of sanitation on health has resulted in sanitation taking a lead role in the water supply and sanitation sector. The sanitation programme will become more focused on community participation where UNICEF strengths in mobilization can be better utilized. The water supply programme may be able to encourage complementary efforts from international financial institutions such as the World Bank or the Asian Development Bank.

PROPOSED COUNTRY PROGRAMME STRATEGY

9. The 19 national goals and objectives for children are based on the goals of the World Summit for Children Declaration and the Nepal Ten-Year Programme of Action for Children and Development in the 1990s, as well as on the Convention on the Rights of the Child. The Government/UNICEF programme objectives will assist in attaining and sustaining the national goals of reducing IMR, U5MR and MMR to 50 and 70 per 1,000 live births and 400 per 100,000 live births, respectively. In the context of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women, UNICEF will support the development of an integrated, multisectoral approach to the overarching issues of protein-energy malnutrition and gender inequality.

10. The country programme will stress three major strategies, including the appropriate mix for each programme component: service delivery; advocacy; and capacity-building. The programme partners will develop activities, including monitoring and evaluation, in the context of these three strategies which will be pursued in a manner that will help to empower the most marginalized groups and necessitate the identification of empowerment indicators for all programme components. The programme also will seek to widen the participation of women and children in the planning and delivery of services. In order to maximize the impact of the limited resources available, the programme will focus on the child under five years old and encourage other funding sources to make appropriate investments in the priority social sectors.

11. In a phased manner, other donors and local resources will be sought to replace UNICEF support for activities, such as vaccine procurement, as the cooperation focuses more on the new strategy mix. Hence, the programme also will continue to advocate in favour of the rational and cost-effective allocation of resources by the central Government whereby higher priority and budgets, for example, are given to primary schools and health posts/centres. In addition, the programme will explore ways to encourage more private sector participation.

12. Using the whole child approach, children under five years old will be of particular concern since programme interventions are likely to have the greatest impact on this age-group. Child-to-child activities will be included. In this regard, the focus of communication on the young child will help to create a culture of media for and about the child.

13. To help attain the eradication of polio, the elimination of neonatal tetanus, reductions in measles morbidity and mortality, and an overall reduction in vaccine-preventable diseases, the programme will concentrate on staff development (management and skills training) and improved monitoring leading to corrective actions. To reduce diarrhoea-related deaths, the programme will assist in increasing home case management and the use of oral rehydration therapy primarily through the training of all partners. To reduce ARI-related deaths, the programme will assist in training health workers and mothers in correct case detection and appropriate antibiotic treatment. To reduce MMR, the strategy will be to ensure that all pregnant women have access to and use trained birth attendants. The capacity of female community health volunteers and traditional birth attendants will be improved through training and the provision of safe home delivery kits. Various complementary inputs will be supported by other donors.

14. To assist in the reduction of micronutrient deficiencies, the programme will focus on food fortification with vitamin A, iodine and iron, as well as on increasing people's demand for iodized salt. This is a major advocacy and policy objective. The strategies will include phasing out the distribution of vitamin A capsules and exploring the alternative of sugar fortification, advocating the passage of universal salt iodization legislation, providing iron/folate tablets to pregnant women in target districts and raising awareness on the importance of iron supplementation during pregnancy. To assist in the reduction of protein-energy malnutrition, UNICEF will strongly promote proper feeding and care practices and community-based child growth promotion through links with the sanitation and education sectors. Major efforts will incorporate nutrition-related issues into other initiatives, particularly education, women's credit schemes and sanitation.

15. To help reach the national education goals, the programme will target children under the age of five years through improved teacher and parent/caregiver training and radio-based education. The in-service training of teachers for the first three classes will empower them with skills to enhance the quality of education. These actions should lead to increased access of the girl child to education to reduce gender inequality.

16. To assist in reaching national water supply and sanitation goals, the programme will focus on sanitation, with more activities and greater intersectoral collaboration to change knowledge, attitudes and practices in order to have a real impact on the health and nutrition of the young child. Activities to prevent environmental degradation also will be key. In the area of water supply, the programme will assist in expanding access by concentrating on training as well as assisting the Government to become national managers rather than implementors, allowing those with greater comparative advantage, such as NGOs, to assume responsibility for implementation.

17. Over the last three years, issues of child protection, such as child labour and girl trafficking, have become increasingly important. The programme will help to identify the most serious abuses, analyse the causes and support training and advocacy for prevention and the rehabilitation of affected children. UNICEF will support a situation analysis and cooperate with all partners in the development of legal and policy instruments related to the elimination of these abuses.

18. To address gender inequality, the cooperation will provide selective support to credit programmes such as Production Credit for Rural Women and the Small Farmers Development Programme, which will be expanded in concept to include nutrition, health and education for empowerment, thereby creating more comprehensive solutions. Support will include credit along with the training of women in awareness, management and accounting. Established credit networks will be mobilized to support these activities. In addition to the direct targeting of women with these interventions, the programme will employ gender-sensitive approaches in all other components.

19. UNICEF will continue to build strategic partnerships to protect children and promote their rights. To build greater multisectoral and multi-partner and donor collaboration and coordination, the proposed implementation framework will be based on four themes: (a) survival (e.g., safe motherhood/childbirth, women's workload); (b) preparation for life (e.g., early child care, education, special preparation for the disabled); (c) protection and care (e.g., the expanded programme on immunization, ARI, the control of diarrhoeal diseases, feeding practices, prevention of child abuse); and (d) women and improvement of environmental conditions (e.g., water supply, sanitation facilities, environment, credit programmes for women). The UNICEF country office will use a team approach to implementation so that staff teams will cover the themes.

ESTIMATED PROGRAMME BUDGET

Estimated programme of cooperation, 1997-2001 a/
(In thousands of United States dollars)

	<u>General resources</u>	<u>Supplementary funds</u>	<u>Total</u>
Advocacy and communications	2 000	1 000	3 000
Community-based services	2 900	8 000	10 900
Basic and primary education	3 400	8 000	11 400
Health	3 800	6 000	9 800
Nutrition	2 900	5 000	7 900
Sanitation, hygiene and water supply	<u>3 400</u>	<u>7 000</u>	<u>10 400</u>
Total	<u>18 400</u>	<u>35 000</u>	<u>53 400</u>

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.
